Office of the Registrar Academic Affairs

Reg.No: **BBJ/028J/2024** Reff. No: **APP/2024/008919**

Date: 24-May-2024

NJOKI CHRISTINE P.O Box -

Dear NJOKI,

Admission for BACHELOR OF BROADCAST JOURNALISM.

I am pleased to inform you that you have been admitted to Technical University of Mombasa (TUM) for **BACHELOR OF BROADCAST JOURNALISM.** This is a **4 YEARS** programme offered in the **Department Of COMMUNICATION STUDIES** at the **MAIN CAMPUS, TUDOR**.

Registration begins on **02-09-2024** and ends **on 06-09-2024**. A candidate who will not have registered for whatever reasons should contact the University immediately for further guidance through the contacts given below. The University general rules and regulations governing students' code of conduct and discipline and any other subsequent regulations that may be approved by the Senate shall apply.

You are required to scan the Letter of admission, with duly filled attached documents (1) National ID/Birth Certificate, (2) Original Academic Result-slip or certificate, (3) fee payment Bank-slip and (4) a passport size photo as specified by the instruction on the website. The scanned documents must be uploaded and submitted online to registration@tum.ac.ke.

On arrival at the University, you will proceed to your respective Department for signing of the nominal roll.

The University has few places of accommodation which shall be issued upon registration on first come first served basis. You will be required to make your own accommodation arrangements if you miss to get the available chance in the hostel.

All University common units are taught and assessed through blended learning. All students must have a LAPTOP that has the capability of connecting to the internet and transmitting video and audio using a built-in webcam and microphone on their computer.

The admission process is subject to formalizing the registration procedures as per the university policies.

Fees must be paid through e-Citizen before admission process. Cash payments are not allowed. All cheques with exceptional of bankers' cheques must be accompanied with award letter which must be forwarded to the finance office to be issued with TUM official receipt.

For proper guidance on fee payment, kindly check on our website www.tum.ac.ke on portals and go to TUMMIS or simply get any browser and type https://smis.tum.ac.ke to get guidance on fee payment through e-citizen platform.

NOTE:

Following your placement to this institution, you are eligible for a Government Scholarship, Loan and Bursary to assist with your education expenses. If you need Government financial support, you MUST make an application for consideration through the Official website www.hef.co.ke. In case the Government Scholarship, Loan and Bursary do not cover the entire cost of your programme, your parent/guardian will meet the deficit. In case of any clarification(s), call this number (254) 0724955377/0733955377 or email: registrar.aa@tum.ac.ke



ISO 9001:2015 Certified



Yours Sincerely,

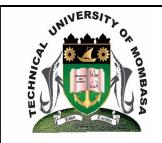
Dr. Cromwell Mwiti Kibiti

Registrar Academic Affairs

Accept	ance
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.,	TD M	
Name:	ID No:	
(Please write the order of na	mes as they appear in the National ID Card)	
Signature:	Date:	

***Students are advised to visit www.helb.co.kedownload and fill the loan application form. ***



TECHNICAL UNIVERISITY OF MOMBASA

Document : Form Ref No.: TUM/Form/RAA/009

ACCEPTANCE DECLARION FORM

Department: REGISTRAR ACADEMIC AFFAIRS

ISSUE No. 3 Revision No. 0 Date: 5th April 2018

ACCEPTANCE AND DECLARATION FORM

- 1. I hereby undertake to complete the course for which I have been admitted at the Technical University of Mombasa, unless otherwise provided in the prevailing University rules and regulations.
- 2. I understand the change of course will be permitted only by approval of the University Senate.
- 3. I shall abide by the rules and regulations of the University.
- 4. I undertake to read and understand the Student Disciplinary regulations and shall subject myself to the Disciplinary process when applicable to me in complete cognizance of its requirements noting that the process is not negotiable.
- 5. I accept the rules and regulations governing the student association.
- 6. I shall be of good behavior in my academic endeavors while in the University.
- 7. I understand that if disciplinary action is taken against me, the University is at liberty to communicate the same to my parents, guardians, and sponsors (whichever is applicable).
- 8. I shall observe and apply Covid 19 protocols as stipulated.

Students' Name:			
Permanent email address:			
National ID NO:	Date:		
Signature:	_ RegNo	:	
Witness:	Date:		
Parent /Guardian's Name:			
Signature:	Relationship:	Date:	

SGS ISO 9001:2015 Certified Page 1 of 1

JECHNICA ON MOMBASA

TECHNICAL UNIVERSITY OF MOMBASA

Document: Form Ref No.: TUM/Form/RAA/010

Title: STUDENTS PERSONAL DETAILS

Department: REGISTRAR ACADEMIC AFFAIRS

Issue No. 1 | Revision No. 1 | Date: 10th March 2017

(To be completed in **Duplicate** and in capital letters). One copy to be retained by the Candidate. 1. Full Name First Name Middle Name. (Mr./Mrs./Miss) Surname University Registration Number..... Course Applied: Faculty of: Department: Transcript No...... Index No...... Index No..... 2. Date of Birth: Gender. NationalityPassport/ID No..... Contact Address. P. O. BoxTownCode.... County/District......Location..... Email Address..... Other.... 3. Next of Kin's Names..... Phone No..... Email: 4. Persons to be contacted in case of Emergency: P. O. Box......Code...... b. Names Phone No.

5	Educational	Training/Secondary	School	ı
J.	Luucationai	i i aiiiiiig/occomuai y		1

INSTITUTION ATTENDED	DATES From (year) To (year)	QUALIFICATION

$6. \ \textbf{Other Academic or Professional Qualification}$

(Start with Current)	D	ATES	Overall Grade
	From (month/year)	To (Month/year)	

7 a) Provide order of your Transcript.	our names the way you would li	ke them to appear in your final Certificate and
Surname	First Name	Middle Name
,	ial documents including Student I ames written in this order.	D, Transcripts, Certificates and Examination
Any change of name a Handbook	fter filling this form shall attract a	a penalty of fees as indicated in the Student
I certify that the inform	nation I have provided is correct.	
Student Signature:	Date:	

SGS ISO 9001:2015 Certified

TECHNICA ON MONBASA

TECHNICAL UNIVERSITY OF MOMBASA

Document: Form Ref No.: TUM/Form/RAA/011

Title: MEDICAL EXAMINATION

Department: REGISTRAR ACADEMIC AFFAIRS

Issue No. 1 | Revision No. 1 | Date: 10th March 2017

	IMPORTA	NT
	ats are requested to complete $f Part\ I$ of this rexamining the student.	is form, Part II should be completed by the Medical
PART		
i. Surna	me:Other Names:	
Date	of birth:Place of birth:	Gender:
Natio	onality:Religion:	Marital Status:
ii. Name	of Parent/Guardian/Next of kin:	
Addre	ess: Telephor	ne Number:
a). Hav	completed by the Examining Medical Office you ever been admitted into a hospital? If so, state reason for admission and .date ve you had any of the following illness?	<u> </u>
i.	Tuberculosis or other chest infection?	Yes / No.
ii.	Fits, nervous disease or fainting attacks?	Yes / No.
	Heart disease or Rheumatic fever?	Yes / No.
iii.		Yes / No.
iii. iv.	Ally disease of digestive system;	1 ES / 1NU.
_	Any disease of digestive system? Any disease of Genital urinary system?	Yes / No.
iv. v.	Any disease of Genital urinary system?	Yes / No.
iv.		
iv. v. vi.	Any disease of Genital urinary system? Allergies to food or drugs?	Yes / No. Yes / No
iv. v. vi. vii.	Any disease of Genital urinary system? Allergies to food or drugs? Malaria?	Yes / No. Yes / No. Yes / No.
iv. v. vi. vii. viii.	Any disease of Genital urinary system? Allergies to food or drugs? Malaria? Sexually transmitted disease? Poliomyelitis?	Yes / No. Yes / No. Yes / No. Yes / No

Tuberculosis? Yes / No ii Insanity or mental Illness? Yes / No

	Diabetes Mellitus?			Yes / No
•	-	•	any of the following dis	
			Date	
111,). Poliolilyellus? Yes	/ INO	Date	
e). H	ave you suffered fro	m any of the f	following condition:	
i)	Visual Acuity:			
V	Vithout Glasses R.6/	L./6.	With Glasses	8 R.6/L./6
ii) Hearing: Right ea	ır	Left ear	
	i) Condition of: eeth:	Nose:	Throat:	
iv	v) Lymphatic glands			
	Circulation syste	em	Pulse.	
	Blood Pressure		Systolic	Diastolic
v)	Report on Respirato	ry system:		
			e necessary as per the c	
	-	,	-	
vi)	Any observation or	_		
	•			
	vii) Any observa	able physical d	lefects in addition to ge	neral record of observation:
	If any, please sp	ecify		
		, and the second		
		, and the second		
	, -		-	
	Modical Officer			
				р
				-
	PART III.			
	(To be completed	by the Univers	sity Medical Officer)	
	Special Remarks:			
	Is the student fit for			
	TUM Medical Offic	er	Date & Stamp	
	1 Olvi Miculcai Ollic	.C1	Duc & Jump	



TECHNICAL UNIVERSITY OF MOMBASA

Document: Form Ref No.: TUM/Form/RAA/012

Title: NEW STUDENTS ADMISSION

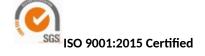
Department: REGISTRAR ACADEMIC AFFAIRS

Issue No. 1 | Revision No. 1 | Date: 10th March 2017

(To be filled in DUPLICATE)

Provide your names in the order you would like them to appear in your final Certificate and Transcript.

Any change of name requested afte attract a penalty Fee as indicated in		n period provided, shall
Surname First	Name M	liddle Name
REG.NO	COURSE	
DEPARTMENT	FACULTY.	
1. a) DEPARTMENTAL DESK: VERIF	TICATION OF STUDENT'S O	DRIGINAL DOCUMENTS
Document	Indicate Number	Confirmed (Tick)
National ID/Birth Cert/Passport No.		
K.C.S.E Index Number		
Academic Certificate (Certificate, Diploma or Degree)		
COD/LECTURER'S NAME		ubber Stamp)
b) LEVEL OF ENTRY		
Year of Study Semester	r Date	
2. STUDENT'S CONFIRMATION		
Signature	Date	
3. FINANCE DESK (Cash Office)		
Fees Payable (Kshs)		
Amount Paid (Kshs)	Balance (Kshs)	
Officer's Name	Sign	Date



REMARKS	
OFFICER'S NAMESIGNATUREDATE	
REGISTRAR'S OFFICE (Admission Desk)	
I confirm that the student has met all the required admissio	n procedures.
Temporary ID Issued	
Signed Nominal Roll	
Admission Officer	
NameDateDate	
ACCOMMODATION DESK (Optional)	
Accommodation is subject to availability of rooms and is served on first c	ome first served basis.
Is accommodation available? Yes No	
Room allocated	
Accommodation Officer	
NameSignature	Date
TUDENT IDENTITY CARD PHOTO (To be taken after orientation)	
OTE: The registration process must be completed within the first two	weeks of the semester.
Students MUST register for course units before commencemen	t of classes
Students are advised to visit www.helb.co.ke, download and fil	l the loan application form.

4. MEDICAL DESK: MEDICAL EXAMINATION AND REPORTS

UNIVERSIA D	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form		Ref No.: TUM/Form/RAA/013
TECHNI	Title: REGISTRATION CHECKLIST		
	Department:	REGISTRAR ACAI	DEMIC AFFAIRS
	Issue No. 1	Revision No. 1	Date: 10th March 2017

The following documents should be dully filled by all new students and presented to the admissions desk upon registration.

S/N	Document	Availed	Not
			Availed
1.	Copy of admission letter		
2.	Certificates (Original and copies for certification)		
3.	Dully filled new students Admission form		
4.	Dully filled new students Personal Details form		
5.	Dully filled Acceptance Declaration form		
6.	Dully filled Medical Examination report		
7.	Dully filled Accommodation form (optional)		

Name of Student:	Sign:	Date:	
	<u> </u>		
Name of Registry Officer:	Sign:	Date:	



TECHNICAL UNIVERSITY OF MOMBASA				
Document: Form	Ref No.: TUM/Form/RAA/008			
Title: EXAMINERS RECORD				
Department: REGISTRAR ACADEMIC AFFAIRS				

Date: 5th April 2018

INSTRUCTIONS TO ALL STUDENTS

1. STUDENTS PERSONAL DETAILS.

You are required to complete Two (2) copies of Form *TUM/Form/RAA/010 STUDENTS PERSONAL DETAILS* and return a copy together with two (2) **COLOURED PASSPORT SIZE PHOTGRAPHS** to the Registrar (AA).

Revision No. 0

Issue No. 2

2. **MEDICAL EXAMINATION.**

Admission into University is conditional upon satisfactory medical report being received. Students are therefore required to undergo a medical examination by recognized medical practitioner before coming to the University.

Document *TUM/FORM/RAA/011 MEDICAL EXAMINATION* FORM is attached for this purpose. The Doctor who examines the student is kindly requested to complete the form. The student is required to bring the report along with him/her on the day of registration. The form should **NOT BE SENT BY POST**.

3. MATERIALS NEEDED BY STUDENTS.

- i. Stationery
- ii. Books and equipment (depending on the faculty/School/Institute) in which one is registered.
- iii. Beddings (Bed cover, Sheets and bucket)

INSTRUMENTS AND PROTECTIVE GEAR FOR STUDENTS IN THE FOLLOWING FACULTIES.

Engineering.

- i. A set of Draughtsman drawing instruments
- ii. 2H, HB and 3H pencils and a good quality eraser
- iii. Blue Overall
- iv. Safety Boots
- v. Scale rulers for Architectural Students

Applied Sciences

- i. One white laboratory coat
- ii. Safety boots
- iii Dissecting kit

